

Nutrition And WIC Services Management Evaluation Tool

Nutrition

Agency / Clinic: _____

Date of Review: _____

Reviewer(s): _____

For each review item, place a ✓ under the appropriate column (Yes, No, N/A). Check the N/A column to indicate the item is not applicable to the clinic or if the item was not reviewed. The column to the right should be used to clarify any No, N/A responses or to provide additional information.

Review Criteria	Yes	No	N/A	Comments
1. Are lesson plans on file for each lesson scheduled in the past 6 months?				
2. Are lesson plans available for future months? If yes, how many months in advance? _____				
3. Does each lesson plan include:				
a) The target audience;				
b) Learning objectives;				
c) Outline of lesson;				
d) Evaluation method;				
e) An interactive component;				
f) Useful and practical information for the client?				
4. Is there a class for every participant category in any given 6-month period or a procedure for providing 2C contacts for specific categories of participants?				
5. Is the current State approved nutrition services plan available?				
6. Are the NSP action plans on schedule?				

7. Attach a brief description of how are clients/caregivers encouraged to attend low risk and high risk nutrition education contacts?